

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 532207**

1. Entity Name  
PROFESSIONAL PROPERTIES OF BREVARD, INC.



Principal Place of Business  
242 FIFTH AVENUE  
INDIALANTIC, FL 32903

Mailing Address  
P.O. BOX 33307  
INDIALANTIC, FL 32903



03072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1775952

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

COCHRAN, ROBERT L JR  
242 FIFTH AVE  
INDIALANTIC, FL 32903

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
COCHRAN, ROBERT L JR  
242 FIFTH AVE  
INDIALANTIC, FL 32903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
COCHRAN, EVA MAE  
207 RIVERSIDE DR  
MELBOURNE BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
COCHRAN, ROBERT L. SR.  
207 RIVERSIDE DRIVE  
MELBOURNE BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
FISCHER, MICHAEL  
200 ORLANDO BLVD  
INDIALANTIC, FL 32903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
DAVIS, C. DARYL  
428 VERACRUZ BLVD.  
INDIALANTIC, FL 32903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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05/14/07-80026-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert L. Cochran* Sec/Treas 4-26-07 (321) 723-0400